

# I-Resolutions Inc.

An Independent Review Organization  
3616 Far West Blvd Ste 117-501  
Austin, TX 78731  
Phone: (512) 782-4415  
Fax: (512) 233-5110  
Email: [manager@i-resolutions.com](mailto:manager@i-resolutions.com)

**DATE NOTICE SENT TO ALL PARTIES:** Dec/17/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Left ankle arthroscopy Brostrom Debridement

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified General Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for left ankle arthroscopy, Brostrom debridement is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** Patient is a female with complaints of left ankle pain. On XX/XX/XX, she was seen back in clinic. She reported persistent pain and instability to her left ankle exacerbated by having to wear heels at work. She complained of falling approximately once per week usually while wearing heels at work. She was ready and interested in surgery again as previous surgery had been canceled due to her pregnancy. Left lower extremity exam revealed mild stiffness in dorsa flexion and plantar flexion, and she had anterior medial ankle tenderness. Muscle strength was 5/5, and it was noted there was moderate laxity in anterior drawer and talar tilt. X-rays were obtained at the left foot and ankle showing abnormal findings.

On XX/XX/XX, an MRI of the left ankle revealed no change and a mild strain of the ATFL and deltoid ligaments, and there was a small-pre-Achilles bursal fluid. The Achilles tendon was normal in thickness and signal. This was overall considered a stable exam. All ligaments were intact.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On XX/XX/XX, a utilization review report noted the request for a left ankle arthroscopy and Brostrom debridement, for this patient was not medically necessary. Guidelines utilized included Wheeless Textbook of Orthopedics, online edition, for ankle sprain and it was noted while the patient had stiffness, tenderness and moderate laxity, there was a lack of documentation of failure of conservative care, and official imaging studies were not provided for the review. Therefore the request was non-certified. On XX/XX/XX, a utilization review report noted the requested left ankle arthroscopy with Brostrom debridement, was not medically necessary, and the Official Disability Guidelines foot and ankle chapter as well as Wheeless Textbook of Orthopedics, online ankle chapter, were utilized, and it was noted that an arthroscopic debridement of the ankle is indicated for patients who continue with ongoing symptoms following the completion of a full course of conservative treatment, and no information was submitted regarding the patient's recent completion of any therapeutic interventions. Therefore the request was not

considered medically necessary and was non-certified.

This request is for a Left ankle arthroscopy Brostrom debridement. The Brostrom is a procedure for lateral ankle instability. The official disability guidelines state there should be conservative care in the form of physical therapy, with support cast, or ankle brace and a rehab program. The records submitted do indicate that the patient underwent PT for her ankle, but this was in XXXX. Recent attempts at conservative care in the form of PT have not been documented. It is the opinion of this reviewer that the request for left ankle arthroscopy, Brostrom debridement is not medically necessary and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)